Community Health Needs Survey- Asian American Health Initiative

Directions: The purpose of this survey is to understand health needs among Asian Americans in Montgomery County. Please answer all of the questions as honestly as possible and **check all items that apply**. Your participation in this survey is voluntary. Your answers will be grouped together with the answers of other community members, and your name is not asked in the survey and will not be used in any report. You are free to ask questions, not answer any question, or stop at any time without penalty. **Please do not write your name down anywhere on the survey.**

Which County do you live in? _____ Zipcode: _____

Health Status

1. How would you describe your health?
   - Good
   - Fair
   - Poor
   - Don't know

2. When was your last visit to a doctor?
   - Less than 6 months ago
   - 6 months to 1 year ago
   - 2 to 5 years ago
   - Over 5 years ago
   - I have never seen a doctor

3. When was your last visit to a dentist?
   - Less than 6 months ago
   - 6 months to 1 year ago
   - 2 to 5 years ago
   - Over 5 years ago
   - I have never been to the dentist

4. Which of the following screenings have you received in the last year?
   - Blood pressure check
   - Blood sugar check
   - Cholesterol screening
   - Blood stool/urine test
   - Infectious diseases (e.g. Hepatitis B.)
   - Cancer screening (e.g. Pap smear for females)

5. Do you and/or your family prefer to go to a doctor of the same ethnic origin (i.e., a doctor who speaks your native language)?
   - No
   - Yes

   If yes, reasons_____
   _____

6. Does your family regularly go outside your County for health services
   - No
   - Yes

   If yes, reasons_____
   _____

7. What factors keep you or your family away from seeing doctors when in need?
   - Cannot afford co-pay and/or deductible
   - Do not have health insurance
   - Language barrier
   - Concerns about immigration status
   - Do not have transportation
   - Do not have time
   - Do not understand the American medical system
   - Lack of resource for referrals
   - Long wait for services
   - Other (specify) _____

8. For which of the following health conditions do you receive ongoing treatment?

Have condition	**Received treatment**
High blood pressure	_____
Hepatitis	_____
Diabetes	_____
Cancer	_____
Mental Health	_____
Other	_____

9. If there are seniors/elderly living in your household which of the following services do they use?
   - Senior center
   - Special transportation to access to health care services
   - Nursing home
   - Use a health aide who comes into the home
   - Day care for the elderly

10. How would you describe your child/children's health?
   - Good
   - Fair
   - Poor
   - Don't know

11. Is there any vaccination program at school for your child/children?

- Yes
- No
- I do not know

12. In the last few weeks, how often do you

1. Usually 2. Sometimes 3. Rarely
4. Never 5. Don't know

____ feel tired out for no good reasons?
____ feel so nervous that nothing could calm you down?
____ feel depressed?
____ feel so sad that nothing could cheer you up?

Insurance Status

13. What kind of health insurance do you and/or your family have?

- Managed Care (e.g. HMO, PPO, etc.)
- Private Insurance (e.g. Blue Cross, Blue Shield, Aetna)
- Medicaid
- Medicare
- Government (e.g. CHIP, CHAMPUS, etc.)
- I do not have health insurance

If have no insurance, reasons__
_____

14. If there are seniors living in your household what type of health insurance do they have?

- Managed Care (e.g. HMO, PPO, etc.)
- Private Insurance (e.g. Blue Cross, Blue Shield, Aetna)
- Medicaid
- Medicare
- Do not have health insurance

If have no insurance, reasons____
_____

15. How do you pay for your health insurance?

- My or my spouse's employer pays
- I pays for all costs
- I do not buy health insurance

16. If you and/or your family members do not have insurance, where do you seek health care?

- Hospital/emergency room
- Community health clinic (e.g., Pan Asian Clinic)
- Government-provided health care
- Faith-based clinics, e.g., Holy Cross Hospital
- Pay cash for the care at the doctor's office
- Use oriental or alternative/herbal medicine.
- Others (specify) _____

Language Skills

17. What is your ability in speaking and understand English?

- I do not speak and understand English
- Basic words and simple phrase
- Short conversation
- I speak and understand English fluently

18. When using health services provided by English-speakers, do you usually…

- Use by yourself without help
- Bring a friend or relative to translate
- Bring a social worker to translate
- Use an interpreter
- Other (specify) _____

Community Resources

19. Which of following issues among Asian Community do you think have problems that need to be addressed?

1. Serious problems 2. Moderate problems
3. Not a problem 4. Do not know

___ Health care facilities (available/affordable)
___ Social services
___ Mental Health services
___ Dental services
___ Transportation (Public)
___ Language services
___ Alcohol/drug use
___ Smoking
___ Elder day care (safe/available/affordable)
___ Child day care (safe/available/affordable)
___ Domestic Violence
___ Health Information availability
___ Disease Prevention
___ Health Insurance

20. What are your primary sources of health information?

- Health clinic
- Family or friends
- Mass media (local newspaper, radio, TV, Internet)
- Community organizations
- Other (specify) _____

Demographic Information

1. Gender:
   - Male
   - Female

2. Age Group:
   - 18-34
   - 35-49
   - 50-64
   - 65 and over

3. How many people are living in your household?
   - Adults
   - Children
   - Seniors/Elders (aged 65 and older)

4. What is your ethnic background/origin?
   - Asian Indian
   - Cambodian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other (please specify) _____

5. How long have you been living in the United States?
   - Less than 1 year
   - 1 to 4 years
   - 5 to 7 years
   - 8 to 10 years
   - More than 10 years

6. What is your highest level of education?
   - Did not complete high school
   - High school diploma
   - Vocational training program
   - Some college
   - College degree
   - Graduate school

7. What is your average annual household income?
   - Less than $5,000
   - $5,000 to $9,999
   - $10,000 to 19,999
   - $20,000 to $29,999
   - $30,000 to $39,999
   - $40,000 or more

8. What is your employment status?
   - Employed full time
   - Employed part time
   - Self-employed
   - Unemployed
   - Retired
   - Student
   - Other (specify) _____

This is the end of the survey. We appreciate you taking the time to answer our survey questionnaire. If you have any questions or concerns about this survey, please feel free to ask any of the researchers.